

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH:

County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_

2. Full name of child NEFFE  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If child is not yet named, make supplemental report, as directed)

3. Sex Male *If plural births* { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ 8. Date of birth Dec. 27, 1891, 193  
(Month, day, year)

9. Full name FATHER 18. Full maiden name MOTHER  
E. H. Neffa

10. Residence (usual place of abode) \_\_\_\_\_ 19. Residence (usual place of abode) \_\_\_\_\_  
(If nonresident, give place and State) (If nonresident, give place and State)

11. Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years)  
20. Color or race \_\_\_\_\_ 21. Age at last birthday \_\_\_\_\_ (years)

13. Birthplace (city or place and State or country): \_\_\_\_\_ 22. Birthplace (city or place and State or country): \_\_\_\_\_

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
193 193  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
193 193

Number of children of this mother (At time of this birth and including this child) \_\_\_\_\_ (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)  
When there was no attending physician or midwife, then the father, householder, should make this return.  
Name added from \_\_\_\_\_ (Date of) \_\_\_\_\_  
a supplemental report \_\_\_\_\_

(Signed) J. W. Largent, M. D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_  
Filed Dec 28, 1892  
Registrar \_\_\_\_\_